 **Sri Lankan Psychiatrists Association (UK)**

**Membership application**

**Name: …………………………………………………………………………………….**

**Address: ………………………………………………………………………………….**

**Telephone: ……………………………………………………………………………..**

**E-mail: ……………………………………………………………………………………….**

**I wish to become a member of the Sri Lankan Psychiatrists’ Association (UK).**

**Annual Membership fee (please tick applicable):**

**[ ] Consultants - £30**

**[ ] SAS Doctors - £25**

**[ ] Trainee Doctors: £20**

**[ ] Associate Membership (for other professionals/Friends of Sri Lanka): - £15**

**Please arrange for a standing order instruction to your bank for payment.**

**Account name: Sri Lankan Psychiatrists Association**

**Name of bank/building society Branch: HSBC - Bedford**

**Account number: 82421437**

**Sort code: 40-10-02**

**Reference: Membership**

**Date when the standing order is due:**

**…………………………………………………. ………………………………………………..**

**Signature Date**

**Please send the completed membership application form to: srilankapsychiatrist@yahoo.co.uk**